

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 485005

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		0		2			54						
5		0		3			55						
6		0		3			56						
7		0		3			57						
8		0		0			58						
9		0		0			59						
10		0		0			60						
11		0		0			61						
12		0		0			62						
13		0		0			63						
14		0		0			64						
15		0		0			65						
16		0		0			66						
17		0		3			67						
18		0		0			68						
19		0		0			69						
20		0		0			70						
21		0		0			71						
22		0		1			72						
23		0		0			73						
24		0		0			74						
25		0		0			75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
T TAL IND.	1		1				TOTAL IND.						
T TAL DEP.	25		33				TOTAL DEP.						
T TAL CLAIMS	26		34				TOTAL CLAIMS						